



Beloit Community Development Authority
220 Portland Avenue
Beloit, WI 53511
(608) 364-8740
www.ci.beloit.wi.us

HOUSING AUTHORITY OF THE CITY OF BELOIT

DRUG-FREE HOUSEHOLD STATEMENT

Head of Household

Social Security Number

I, the undersigned, do hereby attest, that I and all members of my household, do not use any illegal drug(s). I further attest that I and all member of my household do not sell, prossess or use any illegal drugs and that my household is a drug-free household.

I further understand that if I, members of my household or guest(s) of my household, use, sell or possess illegal drugs, I am subject to removal from the waiting list(s)/termination of Housing Assistance Payments/ or eviction, whichever may apply.

I understand that this statement will remain in effect for the entire length of my application period/tenancy/or receipt of Housing Assistance Payments.

Signature (Head of Household) Date

Signature (Co-Head or Other Adult of Household) Date

Signature (Other Adult Member of Household) Date

Witness (BHA Representative) Date